PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09901933

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
|--|---|---|------------------|-------------------------------|------------------------------|------------------|----------|---------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS | | | 820 | | * | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | Ì | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | √C minus 20= | | · 6 | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | → minus 3 = | | · Ø | | Ì | X40= | | OR | X80= | |
| ML | LTIPLE DEPEN | DENT CLAIM PI | RESENT | | , | | Ì | +135= | | OR | +270= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 710 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) | | | | | | (Column 3) | | SMALL E | NTITY | OR | OTHER SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | IEST BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | , M | Minus | ** > | ·() | = / \ | | X\$ 9= | | OR | X\$18= | 716 p |
| | Independent | * | Minus | *** | 3 | = 3 | | X40= | | OR | X80= | owe, a |
| <u> </u> | FIRST PRESE | NTATION OF MI | JEHPLE DEP | ENDEN | CLAIM | لبي اسا | | +135= | | OR | +270= | |
| | | | | | | | L | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | | IBER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | |
| Ľ | FIRST PRESE | NTATION OF M | JLTIPLE DEP | ENDEN | CLAIM | | 1 | +135= | | OR | +270= | |
| | | | | | | | | TOTAL | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colu | mn 2) | (Column 3) | , | ADDIT. FEE | | • | AUDII. FEE | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | · | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | T 61 111 | - | | X40= | | OR | X80= | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | | +270= | |
| • | If the entry in colu | mn 1 is less than t | he entry in colu | ımn 2, writ | e "0" in co | olumn 3. | <u> </u> | TOTAL | | OR | TOTAL | |
| | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |